

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080592

1. Entity Name

GREENVIEW MANAGEMENT CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90018 042 ***150.00

Principal Place of Business Mailing Address
 2500 HOLLYWOOD BLVD 2500 HOLLYWOOD BLVD
 SUITE 212 SUITE 212
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6615

2. Principal Place of Business 3. Mailing Address
 2237 N. Commerce Parkway 2237 N. Commerce Parkway
 Suite/Apt. #, etc. Suite/Apt. #, etc.
 #3 #3

City & State City & State
 Weston, FL Weston, FL

Zip Country Zip Country
 33326 US 33326 US

4. FEI Number 65-0796517
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MANELLA, ROSS
 STE. 212, 2500 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name: MANELLA, ROSS H. ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 2237 N. Commerce Parkway
 Suite #3
 City: Weston FL Zip Code: 33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  ROSS MANELLA
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/26/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ELLNER, MARCUS	
STREET ADDRESS	20185 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLNER, DAVID	
STREET ADDRESS	20185 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Marcus Ellner
 Date: 4/26/00 (385) Daytime Phone #: 385-3637

CR2E034 (9/99)